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ABSTRACT

This user's guide, the first of four modules for similar benefits usage, is the result of a project of the University of Michigan Rehabilitation Research Institute in conjunction with the Virginia Department of Rehabilitative Services (DRS) model program evaluation unit to examine the issue of similar benefits in the state-federal rehabilitation program. The introduction reviews the goals and objectives of the similar benefits project and briefly describes each module. Preceding the text of this volume is a list of frequently asked questions about similar benefits presented by major topic areas. This first volume provides an introduction to the nature of similar benefits in the state-federal rehabilitation program, presents the background and legislative history of similar benefits, and discusses issues related to the impact of similar benefit programs and policies on the state rehabilitation agency, rehabilitation counselors, clients, program sponsors, and the community. The literature review focuses, in part, on legislative acts and similar benefits studies conducted by The Urban Institute along with an Institute of Rehabilitation Issues report published by the University of Wisconsin-Stout. (Author/NRB)

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The University of Michigan

REHABILITATION RESEARCH INSTITUTE

School of Education

Ann Arbor, Michigan 48109

(313) 763-4795

VOLUME I
Background, History, and Issues

SIMILAR BENEFITS IN REHABILITATION

A User's Guide for Counselors and Administrators

Prepared by:

Ralph M. Crystal, Project Director

Jan La Forge, Research Associate

Betty DeWolf, Administrative Assistant

Paulette Parsons, Secretary

Kathy McFarland, Secretary

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SIMILAR BENEFITS IN REHABILITATION

A User's Guide for Counselors and Administrators

VOLUME I

Background, History, and Issues

Conducted for:

Virginia Department of Rehabilitative Services

4901 Fitzhugh Ave., P.O. Box 11045

Richmond, Virginia 23230

Program Evaluation Section

Conducted by:

The University of Michigan

Rehabilitation Research Institute

School of Education

Ann Arbor, Michigan 48109

(313) 763-4795

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VOLUME I

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PREFACE

The UM-RRI was established in 1976, with funding from the National Institute for Handicapped Research, in response to the mandate of the Rehabilitation Act of 1973 that programs and projects be evaluated in the state-federal program. The UM-RRI efforts are directed toward research and related activities to assist states in evaluating management practices and service delivery systems.

The UM-RRI has been working on several long and short range objectives in rehabilitation program evalution to:

1. Develop alternative conceptual models that may be used as a framework for comprehensive program evaluation in the state-federal rehabilitation program

2. Conduct research on existing program evaluation instruments to determine their feasibility for current use and to determine their need for additional development and validation

3. Identify, design, test, validate, demonstrate, and disseminate program evaluation instruments, techniques, and methodologies that are consistent with conceptual models for comprehensive program evaluation in rehabilitation

4. Develop criteria for designing, developing, testing, and validating new and existing program evaluation instruments, techniques, and methodologies that consider measurement of impact, effectiveness, effort, efficiency and output

This investigation into similar benefits in rehabilitation is viewed as part of the UM-RRI's mandate in program evaluation. Feedback about this report is invited.

Ann Arbor
June 1981

Ralph M. Crystal

INTRODUCTION

The purpose of this project, undertaken by The University of Michigan Rehabilitation Research Institute (UM-RRI), in conjunction with the Virginia Department of Rehabilitative Services (DRS) model program evaluation unit, was to examine the issue of similar benefits in the state-federal rehabilitation program. The intent of the project was to (a) identify issues related to similar benefits, (b) develop training materials to assist state rehabilitation agency personnel in the use of similar benefits, and (c) develop evaluation procedures to document the impact of similar benefits on the state rehabilitation agency.

The funding for this project was through the Virginia DRS model program evaluation/management information support unit. The project was supported through the task related to the building of new evaluation capacity which can be generalized to other states. The overall model unit project is sponsored by the Rehabilitation Services Administration (RSA). The Model Evaluation Units (MEU's) were initially funded in six states by RSA in October, 1981. The objectives for the MEU's were to (a) develop a program evaluation model in state rehabilitation agencies in which comprehensive program and policy systems are linked by appropriate evaluation data; (b) field test and evaluate the effectiveness of the revised federal program evaluation Standards and the Facilities Information System for state rehabilitation agency management; (c) build new evalaation capacity which can be generalized to other states; and (d) develop linkages for a within-state agency and between-state

agency network for communication, dissemination, and utilization of evaluation topics, with special emphasis on developing and testing within the Model Evaluation Units.

Similar Benefits Project

A major goal of similar benefits is to enable the state rehabilitation agency to maintain the quality and quantity of client services, in spite of financial fluctuations and uncertainties, by obtaining services from sources other than the state rehabilitation agency to meet, in whole or in part, the cost of client services. It is anticipated that through the utilization of similar benefits, additional clients will be served. The overall goal of this project was to develop a conceptual model for utilization of similar benefits within a state rehabilitation agency. The specific objectives of the project were:

1. To help insure that resources other than the state rehabilitation agency are utilized to meet the service needs of clients
2. To identify similar benefits resources and refine the existing similar benefits directory
3. To examine the nature of interagency linkages
4. To explore the development of a system for monitoring and tracking clients who are eligible and/or receiving similar benefits
5. To develop a training program for counselors and agency administrators in the use of similar benefits
6. To implement a similar benefits system in the state rehabilitation agency

7. To document through the program evaluation process the effectiveness and impact of the similar benefits program on clients, counselors, administrators, the community, and the rehabilitation agency

As the project progressed, issues were defined and the objectives of the project modified in light of the needs of the Virginia DRS in this area. As a result of the redefinition of issues, the final product (training materials for similar benefit usage) prepared by the UM-RRI has been incorporated into four modules. Each can be used separately or in conjunction with one another. The titles of each are:

Volume I: Background, History, and Issues

Volume II: Definitions, Policies, and Procedures

Volume III: Directory, Checklist, and Reporting Systems

Volume IV: Incentives for Counselors and Administrators

The following is a brief description of each of these sections:

Volume I: Background, History and Issues

This volume provides an introduction to the nature of similar benefits in the state-federal rehabilitation program. The background and legislative history of similar benefits are presented. Issues related to the use of similar benefits are described and discussed.

Volume II: Definition, Policies, and Procedures

A working definition of similar benefits is provided in this volume. Based on federal legislation, state mandates, and other information, policies and procedures relating to similar benefits are described.

Volume III: Directory, Checklist, and Reporting Systems

This volume contains directories, checklists, and reporting systems for use in the similar benefits program. Many of these have been revised

from existing Virginia DRS documents. Explanations for each, with usage examples, are provided.

Volume IV: Incentives for Counselors and Administrators

This final volume discusses utilization incentive issues. Procedures for evaluation and monitoring, along with the description of the role of counselors and administrators in the area of similar benefits are also presented.

FREQUENTLY ASKED QUESTIONS ABOUT SIMILAR BENEFITS

The following are questions frequently asked about similar benefits. The questions are presented in major topic areas. They are not listed according to any priority or degree of improtance. Volume and page numbers are provided for readers interested in further discussion on particular questions.

	Volume	Page
Usage and Policy Questions		
1. What is the definition of similar benefits?	II	1-4
2. What types of services and resources should be considered as similar benefits?	II	2
3. Should the clients' financial ability to pay for part of their rehabilitation program count as a similar benefit?	II	3
4. Do different state interpretations of Federal guidelines for utilizing similar benefits prevent the development of consistent and standardized procedures concerning similar benefit documentation and evaluation?	II	4-5
Documentation and Data Collection Questions		
1. What are alternatives for reporting dollar cost figures of similar benefits?	III	19

	Volume	Page
2. Should similar benefit data be collected on closed or active cases?	II	6-10
3. What types of similar benefit data are needed for documentation and evaluation?	II	5
4. What forms are necessary for documenting similar benefits?	II	6-10
5. What training do counselors need for similar benefit documentation?	II	6-10
6. How are state comparisons of similar benefit utilization possible with the lack of standardized documentation and data collection?	II	4-5
Monitoring and Procedures Questions		
1. What procedures are available for counselors to monitor clients that are eligible and/or receiving similar benefits?	III	1-7, 8-23
2. What are the alternatives for reporting dollar cost figures of similar benefits?	III	19
3. What procedures are currently used for evaluating similar benefit utilization?	I	33-45
State Agency Questions		
1. How are agency funds saved through similar benefit utilization used to serve additional clients?	I	31-33

	Volume	Page
2. What are the hidden costs in similar benefit utilization?	I	42-45
3. Does the amount of money saved in similar benefit utilization justify the amount of time spent pursuing similar benefits?	I	33-45
4. Will rehabilitation funds be reduced if similar benefit utilization is successful?	IV	3-8
Counselor Questions		
1. What are the effects of similar benefit utilization on caseload management?	I	30-31, 38-39
2. What is the counselor's role in similar benefit utilization?	I	28-33
3. Does similar benefit utilization result in loss of control or inadequate feedback on clients utilizing similar benefits?	I	38
4. How effective are speciality staff in identifying and monitoring clients eligible for similar benefits?	IV	7
Client Questions		
1. Are the quality of similar benefit services equal to the services provided by VR?	I	41
2. What are potential client reactions and feelings about working with multiple agencies?	I	41-42

	Volume	Page
3. What effect can similar benefit utilization have on clients achieving their rehabilitation goals?	I	41-42
Sponsor and Legislative Questions		
1. Who pays for services when two agencies have legislation to utilize the other agency's funds before their own?	I	43-44
2. What are legislative reactions to similar benefit utilization?	IV	8-9
Cooperative Agreement Questions		
1. What type of information is necessary for effective agreements?	I	44
2. What are the responsibilities of administrators and counselors in cooperative agreements?	I	44-45
3. What type of documentation and feedback is necessary for counselors concerning outcome of similar benefit?	I	37
4. What types of conflicts exist in policies and regulations between agencies?	I	44-45
Incentive Questions		
1. Does similar benefit utilization increase the number of clients served?	IV	1-9

	Volume	Page
2. Is similar benefit utilization a cost saving benefit?	IV	1-9
Disincentive Questions		
1. Does similar benefit utilization result in service and time delays?	IV	3-6
2. Does lack of feedback to counselors concerning similar benefits affect similar benefit utilization?	IV	3-6
3. Does dimilar benefit utilization result in excessive paperwork?	IV	3-6
4. Will the rehabilitation agency lose its identity as a result of similar benefit utilization?	IV	1-9

VOLUME I

BACKGROUND, HISTORY, AND ISSUES

This volume contains (a) the legislative background and history of similar benefits, (b) a review of literature relevant to similar benefits in rehabilitation, and (c) a discussion of issues related to the impact of similar benefit programs and policies on the state rehabilitation agency, rehabilitation counselors, clients, program sponsors, and the community. The legislative background of similar benefits parallels the development of the state-federal rehabilitation program. The Literature review focuses, in part, on legislative acts and similar benefit studies conducted by The Urban Institute and an Institute on Rehabilitation Issues report published by the University of Wisconsin - Stout.

Legislation Related to Similar Benefits in Rehabilitation

In the review of legislation, mandates related to the development of similar benefits in rehabilitation are presented. Legislative Acts will be discussed in chronological order, with a brief overview of the provisions of the Acts, followed by a discussion of the impact of each Act on the development of similar benefits within the state-federal rehabilitation

program.

Smith-Fess Act

Similar benefits has been an issue in rehabilitation since Congress passed the Smith-Fess Act in 1920 (Civilian Rehabilitation Act of 1920 P.L. 66-236), creating what has become the state-federal rehabilitation program (McGowan & Porter, 1967).

This act encouraged states conducting rehabilitation programs to provide clients with physical and mental restoration services. The act also encouraged the utilization of social agencies, charitable organizations, churches, and employer-employee associations to obtain living expenses and other maintenance services (Urban Institute, p. 5).

Although state agencies were encouraged in the Smith-Fess Act to obtain services from other sources or agencies, it cannot be concluded that the state agencies were obtaining similar benefits as we know them. Physical and mental restoration and maintenance services were not mandated in the Smith-Fess Act as services the rehabilitation agency was to provide. State agencies were not utilizing other resources to provide rehabilitation services that would otherwise be paid for by rehabilitation funds. State agencies were utilizing agencies that provided services required by their rehabilitation clients, but at the same time, these services were not considered rehabilitation services.

The Smith-Fess Act did mandate state vocational rehabilitation programs to work cooperatively with state workmen's compensation programs. At the time, most state workmen's compensation programs provided some medical treatment and prostheses. This mandate required the state vocational rehabilitation agency to develop what is now referred to as

a cooperative agreement with the workmen's compensation program.

Wagner-Peyser Act

A law mandating cooperative agreements between state agencies was the 1933 Wagner-Peyser Act. The purpose of this Act was to establish state employment offices. The Act required states utilizing federal funds and assistance to establish employment services and to submit in their operation plans provisions to work cooperatively with the state rehabilitation agency. This cooperative agreement between the state rehabilitation agency and the state employment service was reinforced in the Vocational Rehabilitation Act Amendments of 1954, P.L. 83-565. The 1954 Act strenthened this by stating the state vocational rehabilitation program should develop a cooperative agreement to utilize the services, particularly job placement and employment counseling, provided by the state employment service.

Social Security Act

Since passage of the Social Security Act of 1935, this program has continued to increase the number of programs provided. Many of these programs, such as Old Age Assistance, Aid to the Blind, Aid to Dependent Children, Disabled Children's Services, Supplemental Security Income, and Social Security Disability Insurance, provide useful services for rehabilitation clients. Since these services are not rehabilitation services, they cannot be considered similar benefits in the traditional sense, but as resources available to enhance the client's rehabilitation program. State rehabilitation agencies do not utilize these services in place of their own services but rather to supplement the services available for the client's rehabilitation program

(Urban Institute).

The Social Security Act required programs providing services for handicapped individuals to submit plans that provided for "cooperation of the state agency administering the program of services for crippled children with medical, health, nursing, and welfare groups and organizations and with any agency in such State charged with administering state laws providing for vocational rehabilitation of physically handicapped" (Urban Institute).

Vocational Rehabilitation Act Amendments of 1943

Although state rehabilitation agencies were not formally utilizing similar benefits, the concept of utilizing other resources developed along with the growth of the state-federal vocational rehabilitation program. The term "similar benefits" was first included in the 1943 Vocational Rehabilitation Act Amendments (P.L. 78-113). This Act mandated the use of similar benefits by the rehabilitation program. The Act provided for the federal government to reimburse states one-half of the cost of certain services, if consideration was given to determining the client's eligibility for services from other programs, such as pensions, compensation, and/or insurance. The specific services that state agencies were to attempt to obtain from other agencies included: physical restoration, hospitalization, protheses, transportation, occupational licenses, customary occupational tools, and maintenance during training, plus the cost of books and training materials. This Act also extended rehabilitation services to the mentally handicapped and mentally ill. State agencies, however, were not expected to obtain mental restoration services from other agencies (McGowan & Porter, 1967).

The 1943 legislation was the first formal mandate instructing state agencies to utilize, when possible, other agencies for rehabilitation services. Yet how was this mandate carried out? The Act required counselors to determine the client's eligibility for other programs, if the client was financially unable to pay for the necessary services, in order for the rehabilitation program to receive federal funds for half of the total cost. The state agency would then fund the other half. How was this information documented? Did counselors have to have every client apply for services from other agencies, even though some clients might obviously not meet the eligibility requirements for these services, or were only clients with the greatest likelihood of being eligible required to apply? How long of a delay was imposed upon serving a client while the counselor waited for determination of eligibility? These questions might have affected the utilization of similar benefit and rehabilitation services. They are still major issues impacting on the utilization of similar benefits.

Additional Legislation

During the 1960's and 1970's social programs were developed that offered potentially useful services to rehabilitation clients. These enabled state rehabilitation agencies to develop cooperative agreements with agencies offering services of health, income maintenance, social services, manpower training, and educational programs. Some of the specific programs available as similar benefit resources include: Social Security Disability Insurance (trust fund); Supplemental Security Income for the Aged, Blind, and Disabled, particularly the provisions for rehabilitation as specified in the Social Security Act; Medicare,

particularly kidney dialysis and kidney transplant services, and medical services for individuals receiving disability insurance; Medicaid; Title XX Social Services under the Social Security Act; the Basic Educational Opportunity Grant Program (BEOG); the Comprehensive Employment and Training Act (CETA); the Developmental Disabilities Programs; and the Education for Handicapped Children Act. Other programs that have an impact on similar benefit utilization by the vocational rehabilitation agency are: state scholarship programs; local mental health clinics and services; private and government group health insurance programs; labor union health and rehabilitation programs; and Veterans Administration health, educational, and benefit programs.

Rehabilitation Act of 1973

The Rehabilitation Act of 1973 (P.L. 93-112), as amended, mandated state vocational rehabilitation agencies to utilize services from existing programs as similar benefits in the rehabilitation program. Similar benefit resources are to be considered for the majority of rehabilitation services. Services that might be obtained from other programs include:

1. Diagnostic and evaluation
2. Counseling, guidance, referral and placement services
3. Vocational and training services and training services in institutions of higher education
4. Physical and mental restoration services
5. Maintenance
6. Interpreter services for the deaf and reader services
7. Recruitment and training services for handicapped individuals to provide new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement, and

other appropriate service employment

8. Rehabilitation training services and orientation and mobility services for the blind
9. Occupational licenses, tools, equipment, and initial stocks and supplies
10. Transportation connected with receiving rehabilitation services
11. Telecommunications, sensory and other technological aids and devices

Except for physical and mental restoration and maintenance services, the rehabilitation counselor has to determine potential client eligibility for similar benefit resources before the state rehabilitation agency is able to provide or purchase the service. In these instances, the state rehabilitation agency does not have to give consideration to any similar benefit program potentially available to clients, if such consideration would significantly delay the provision of services to a rehabilitation client (Federal Register, December 5, 1974, sec. 401.45 [b][2]).

An issue with this mandate is that the term "significant delay" is not defined. The amount of time that constitutes a significant delay is left to the interpretation of state agencies, supervisors, and counselors. For some, a "significant delay" may be one week, whereas for others a "significant delay" may be one month or more.

State rehabilitation agencies are encouraged to use similar benefits to provide post-employment services and services to handicapped individuals' family members (Federal Register, December 5, 1974, sec. 401.45 [b][1]). The law does not allow state rehabilitation agencies to provide

funds for training in institutions of higher education "unless maximum efforts have been made to secure grant assistance, in whole or in part, from other resources to pay for such training" (Rehabilitation Act of 1973, p.l. 93-112, sec. 103[a][3]).

Literature Related to Similar Benefits in Rehabilitation

This section reviews previously conducted studies and reports concerning similar benefits. The studies are reviewed in chronological order.

1973 Study by the Comptroller General

A study was completed in April, 1973 by the Comptroller General of the United States concerning the effectiveness of the state-federal vocational rehabilitation program. The findings of this study were based upon a review by the General Accounting Office of 820 cases randomly selected from 13,650 cases reported as closed in 1970 from three states. In the part related to similar benefits, the report indicated that some clients were receiving medical services and college training using vocational rehabilitation funds when these services might have been paid for by the clients themselves or by other agencies. The report recommended that rehabilitation agencies should be encouraged to determine during the eligibility determination/acceptance process the client's ability to pay for some services and/or the client's eligibility for other programs or agencies to pay for the services needed for rehabilitation.

A follow-up report to this study was completed in February, 1976 by the United States General Accounting Office and presented to the

Subcommittee on the Handicapped, of the U.S. Senate Committee on Labor and Public Welfare. The data for this report were obtained through interviews with personnel at the RSA central office, from a survey of the North Carolina rehabilitation agency, and from a review of training services provided to vocational rehabilitation clients in five states. This study also emphasized that state rehabilitation agencies need to utilize other financial aid or sources to support college, business and vocational training to clients. The report noted that 45-48% of the money spent on college and vocational training could have been saved if similar benefits had been utilized.

The study pointed out the inconsistency between the legislation under which the state-federal rehabilitation program operates and other agencies offering potential similar benefit services. This often results in the "first dollar" conflict. This conflict occurs when legislation requires an agency to obtain services or funds from other agencies before expending its own resources. An example of this legislative conflict occurs between Title XIX of the Social Security Act and the Rehabilitation Act. Title XIX mandates that a state's plan for medicaid should include cooperative agreements with the rehabilitation agency to insure maximum utilization of vocational rehabilitation resources. However, as specified in the Rehabilitation Act of 1973, state rehabilitation agencies can only provide medical services after full consideration of similar benefits, unless such consideration would cause an unnecessary delay in providing services. It was recommended that Congress clarify which program should pay for medical services first (U.S. General Accounting Office, 1973).

Rehabilitation Services Administration Survey

In July, 1973 the Commissioner of the Rehabilitation Services Administration (RSA) requested the ten RSA Regional Commissioners to conduct a survey to identify policies and procedures that could be employed by state agencies to insure maximum utilization of similar benefits for training and physical restoration services, to determine how effective these policies and procedures were in obtaining similar benefits, and to identify possible methods or procedures that might be useful in increasing the utilization of similar benefits for rehabilitation services.

The request for this survey was made prior to final passage of the 1973 Rehabilitation Act. However, by the time the reports were submitted, state agencies were aware of the legislation mandating maximum efforts to obtain financial assistance from similar benefits for training in institutions of higher education. Reports were received from eight of the ten federal regions.

The results indicated that before using vocational rehabilitation (VR) funds for training services and higher education, most state agencies were utilizing state scholarship programs, state university grants, veteran training benefits, Basic Education Opportunity Grants, manpower training, and community vocational training programs. Services utilized for physical restoration included Medicaid, Workers' Compensation benefits and, when available, private insurance. Some states had developed procedures to determine the client's eligibility for physical restoration from similar benefits in the early stages of the rehabilitation program. When VR money is used, the case record must be well documented, showing evidence of ineligibility for payments from similar benefit sources before VR funds are spent to provide the service.

A problem identified in the survey was that some states interpreted similar benefits or other resources to include the client's financial ability to pay for part of the rehabilitation program. Although there is no federal requirement to consider a client's financial resources as a similar benefit, state agencies are allowed to administer economic need tests to determine whether client participation in the costs of vocational rehabilitation will be required.

Another issue raised relates to conflicting legislation between agencies. Rehabilitation legislation has mandated that state agencies use other sources for services before their own service funds. However, some of these other sources have mandates in their legislation to utilize state vocational rehabilitation agency funds for services before using their own service funds. This apparent conflict between two agencies has been referred to as the "first dollar" problem. Although the study did not provide examples of conflicting legislation, the states surveyed expressed the need for further clarification of which agency has the responsibility to provide the service first. Such clarification will assist state agencies in eliminating laborous negotiations between the state rehabilitation agency and other programs.

State agencies also mentioned difficulties in using medicaid and Medicare for medical services. Problems encountered in using these similar benefit sources included long delays in medical insurance payments to clients, physicians' reluctance to accept Medicaid or Medicare because of the lower fee schedule, and delays in receiving payment for services rendered. States expressed concern that delays and difficulties in providing medical services through other agencies would impede the client's progress towards rehabilitation.

The findings of this study indicated that states in all responding regions emphasized the need for more training and supervision to increase the utilization of similar benefits. It was recommended that instructions and procedures such as case reviews be developed to help states insure that similar benefits are being utilized to the maximum level.

Region IV Study

Studies in the evaluation of state vocational rehabilitation agency programs: A summary report, edited by Stanford E. Rubin, was issued in November, 1975 by the Rehabilitation Research and Training Center of the University of Arkansas. This was a national project to improve state rehabilitation agency capacity to evaluate effectiveness in meeting rehabilitation program goals. This study was conducted in response to the promulgation of the nine general Standards for evaluation of the state-federal rehabilitation program. The purpose of the project was to assess and develop evaluation procedures and methods to enable state agencies to respond to the evaluation Standards. Each of the states in the ten federal regions was given part of the rehabilitation process to analyze. The assignment of Region IV was the topic "utilization of available resources." Region IV examined two questions in their area dealing specifically with the issue of similar benefits. The Region IV research committee defined similar benefit resources to include the following:

1. Title IVIII (Medicare) and XIX (Medicaid) medical payments
2. Office of Education education and training benefits
3. Local and state medical health clinics and facilities
4. Department of Labor education and training benefits

5. Title IV and VI Social Security services to the family

Funding sources not included in Region IV's definition of similar benefits were:

1. SSI and trust funds
2. Private rehabilitation facilities
3. Private insurance companies

The first question was concerned with the percentage of clients receiving rehabilitation services paid by a third party. Three states (Florida, Georgia, and Tennessee) responded to this question, a sample too small to draw firm conclusions. However, the results did provide several insights. For severely disabled clients, the service paid for most frequently by a similar benefits resource was training. The service that received funds from similar benefit sources the least was maintenance. The frequency of similar benefit funds spent for the rehabilitation services of service to family members and restoration was considered moderate.

The Florida rehabilitation agency conducted a study testing the reliability of R-300 data on the number of rehabilitation services paid for by similar benefit resources. The report indicated that for 79% of the severely disabled clients and 86% of the non-severely disabled clients receiving a similar benefit service, this information was not recorded. This result was determined by comparing the number of services reported on the R-300 to the number of services actually provided. This finding suggests that the use of similar benefits is more common and widespread in state VR agencies than might be realized. In this regard, the study committee recommended the following be undertaken: (a) the

development of reliable methods to record the utilization of similar benefits; (b) the creation of a consistent definition of similar benefits; and (c) the training of counselors in the use of such materials.

The second question addressed by the Region IV study was the ratio of non-VR funds to total expended service funds and the source of those non-VR funds. The study members examined this question using the Florida VR program as the data source. The findings indicated a higher proportion of VR funds spend on non-severely disabled clients who were closed as not rehabilitated, Statuses 28 and 30, than for severely disabled clients closed in those statuses. For clients closed as rehabilitated, Status 26, the amount of VR to non-VR funds spent was approximately equal for severely and non-severely disabled clients. Not enough information was available to determine the reasons why more VR funds were spent for non-severely disabled, not rehabilitated clients.

Several issues regarding the conduct of the survey were raised by the respondents. For example, the terms non-severely disabled and severely disabled were not defined clearly. Other problems noted were: (a) a lack of information concerning counselor involvement in obtaining similar benefit services, and (b) case records that did not include the source of funds used or information to determine the value of non-VR funds providing the service.

RSA Evaluation Standards

On December 19, 1975, the U.S. Department of Health, Education, and Welfare, Office of Human Development Services, published the nine Standards for evaluation of the rehabilitation program in the Federal Register. These nine Standards were developed to assist state rehabilitation agencies in evaluating the effectiveness of the rehabilitation

program.

Standard 4, data element 2, relates to the issue of similar benefits. Specifically, it requires state agencies to report on the R-300 case report form the types of rehabilitation services a client received. Information reported indicates whether the service was at full, partial, or no cost to the state rehabilitation agency. This is the only federal reporting requirement state rehabilitation agencies have regarding the utilization of similar benefits.

Urban Institute Similar Benefits Study

This study, The usage of similar benefits in vocational rehabilitation, was completed in August, 1976 by the Urban Institute, a private consulting firm. It was conducted to identify methods and procedures state rehabilitation agencies use in implementing similar benefit programs and to assess the effectiveness of these methods. The Urban Institute collected information in two phases. First, a questionnaire was mailed to all state agencies to obtain data concerning practices and procedures employed to identify and use similar benefits. Follow-up interviews with state administrative personnel, supervisors, and counselors were then conducted in 12 state agencies.

The results of the Urban Institute study indicated that although there are many unresolved problems concerning similar benefits, many state agencies were improving methods and procedures to maximize uniformity of similar benefits. Differences were found to exist between state rehabilitation agencies regarding policies and procedures used to implement their similar benefit programs. Consistent procedures have not been developed within or between state agencies to insure uniformity

of similar benefits utilization. Procedures used in state agencies for identifying and utilizing similar benefits vary, and may include: (a) written agency policies, (b) supervisory review, (c) training for counselors, (d) written manual guidelines, (e) auditing of cases by agency, (f) authorization requirements, (g) training for other VR staff, (h) training for intake workers, (i) forms to review client eligibility, (j) financial review of similar benefits, (k) staff to assist counselors to determine eligibility, (l) client forms to identify eligibility, and (m) referral units to review eligibility.

The methods identified by state rehabilitation agencies as the most effective and most frequently used to identify and utilize similar benefits were written agency policies, supervisory review, training for counselors, and written manual guidelines. Although written agency policies and manual guidelines were deemed as the most effective and frequently used, they were still not comprehensive enough to establish consistent procedures for similar benefit utilization.

The quality and quantity of review is dependent upon the individual supervisor. Supervisors have different authorization requirements and monitoring procedures to determine the type and amount of similar benefits utilized by their counselors. A standardized format for supervisory review was recommended by the Urban Institute as a means to establish consistent procedures to identify and utilize similar benefits throughout the state.

Training provided to counselors in the utilization of similar benefits was generally felt to be inadequate because of the lack of information available regarding utilization of similar benefit resources. Such knowledge includes the following data about potential programs:

(a) eligibility requirements, (b) target population, (c) application procedures, (d) type of services provided, (e) information concerning the details of formal and informal agreements between VR and the agency, and (f) administrative and organizational procedures of the similar benefits program within the state rehabilitation agency.

Case management methods frequently used to monitor similar benefits are supervisory review, caseload audits, and authorization requirements for similar benefit services. Supervisory review in case management focuses on similar benefit sources specified in the VR legislation, such as Medicaid, Medicare, BEOG, and the Veterans program. These reviews are conducted to determine the extent other sources are pursued to provide services, and if case records are adequately documented to explain why similar benefits are not utilized. Case auditing is generally done on a periodic basis to evaluate and measure the effectiveness of similar benefit utilization at the service delivery level. Authorization requirements require counselors to obtain approval for services requiring the consideration of similar benefits. Before granting approval, the supervisor reviews the extent to which similar benefits were pursued.

Frequently used methods to support agency personnel (counselors and supervisors) efforts to increase utilization of similar benefits are written manual guidelines and policies for similar benefit programs. The Urban Institute study indicated that a small percentage of state agencies employed specialty staff to assist counselors in utilizing similar benefits for eligible clients. Specialty staff are counselor aides and intake workers. The primary responsibility of the specialty

staff is to assist the rehabilitation counselor in determining client eligibility for the rehabilitation program and similar benefits, and service coordination. The specialist is required to stay abreast of current policies and changes that occur with similar benefit resources. Thus, the specialist serves as a resource person for the rehabilitation counselor. The Urban Institute stated that agencies using specialty staff for similar benefits believed it facilitated, in a consistent manner, a uniform and systematic method of determining client eligibility for similar benefits.

A problem cited by rehabilitation agency administrators, supervisors, and counselors was the difficulty of obtaining cooperation from other agencies. Although some state rehabilitation agencies have effective cooperative agreements with similar benefit sources, many cooperative agreements are vaguely written and thus not very useful. Another problem is that cooperative agreements are written from the administrative level. This makes it difficult to meet the service delivery needs of counselors and clients. The Urban Institute suggested that cooperative agreements need to be written to include differences in policies at the local level (county, city, or region), particularly with services that are provided state-wide, such as CETA, Medicaid, Title XX, and General Assistance. Detailed written agreements providing information on specific referral procedures, exchange of client information, and coordination of services would help remove barriers that interfere with effective coordination of similar benefit services.

Many state agencies have found that formal aggreements with school financial aid offices are beneficial in identifying other sources to pay for

a client's education or training. A problem noted by the Urban Institute in utilizing BEOG grants is that the rehabilitation counselor is often not informed when a client is awarded a grant. Formal procedures need to be developed to insure state agencies are informed of their client's eligibility, acceptance, and amount of financial assistance received.

The Urban Institute study indicated that rehabilitation counselors have the main responsibility for identifying potential similar benefits for their clients. If VR agencies want to increase the level of similar benefit utilization, new procedures for systematically identifying potential resources need to be developed. As long as state agencies place the major responsibility for similar benefit utilization on the rehabilitation counselor, inconsistent usage of similar benefits will probably continue.

Three problems affecting the maximum utilization of similar benefits, as reported in the Urban Institute study are: (a) time delays in providing services to clients resulting from the use of similar benefits, (b) poor evaluation procedures at the state level to determine the use of similar benefits, and (c) the lack of standardized documentation of procedures both within and between states to determine the frequency of similar benefit utilization. Services must be provided to clients at the time they are needed during the rehabilitation process in order for the services to have the greatest impact on the client's rehabilitation. Delays caused by utilizing similar benefit resources can cause clients to lose interest in the rehabilitation program, thus lowering the possibility of a successful rehabilitation. Many

clients cannot afford the time for a long rehabilitation program; they are anxious to enter the working world and collect a paycheck (Urban Institute). A number of states allow the rehabilitation counselor to provide services from VR funds that normally would be paid for by another agency, if a delay would occur or inadequate service would be provided by using the similar benefit.

Evaluation procedures used by VR agencies to determine the effectiveness and utilization of similar benefits rely upon reviewing the Individualized Written Rehabilitation Plan (IWRP). Unfortunately, the IWRP is required to indicate for what similar benefit resources the client is eligible. To increase the effectiveness of the IWRP as an evaluative tool, the Urban Institute suggested the following information be added: (a) dates upon which applications or requests for similar benefit services were made; (b) results of the application procedure; (c) the name of the similar benefit service and the agency providing the service; (d) when the service will be provided; and (e) an estimate of what the service costs. In this way, standardized evaluation procedures would become meaningful and relevant to determining agency effectiveness in utilizing similar benefits.

The problem of inconsistent and incomplete recording of procedures used in obtaining similar benefits prevents the full extent of similar benefit usage from being measured. Without reliable data on the number of services obtained through similar benefits, the number and percentage of clients eligible for similar benefits, and the costs and benefits to the client and the VR agency resulting from the use of similar benefits, state VR agencies will be unable to effectively

analyze the impact on the VR program of similar benefit utilization.

The Urban Institute concluded that although many of the rehabilitation professionals interviewed were positive about the effects on the VR agency of similar benefits, there is little concrete data upon which to base that premise. The Urban Institute discussed the need for future studies to determine positive or negative effects of similar benefits on clients and the state rehabilitation agency. Suggested studies include: comparison between cases utilizing similar benefits to cases not utilizing similar benefits to determine if the use of similar benefits increases or decreases the amount of time spent in the rehabilitation process, and how similar benefit usage affects clients' attitudes towards their rehabilitation program.

Similar Benefits Study by the Fifth Institute on Rehabilitation Issues

The Institute on Rehabilitation Issues (IRI), funded on an ongoing basis by RSA, organizes different study groups to discuss current issues in rehabilitation. This document, based upon the expertise of rehabilitation personnel throughout the nation, and the staff of the Research and Training Center of the University of Wisconsin - Stout, presents relevant similar benefits issues. The report examines the issues of similar benefits in terms of (a) administrative issues, (b) management and supervisory issues, and (c) counselor and client issues (Ottmar and Corthell).

Administrative Issues. The administrative issues in similar benefits focus on the discrepancies between legislation, regulations, and the Rehabilitation Services Manual (1975, sec. 2015). One discrepancy noted was that the Rehabilitation Act of 1973 (P.L. 93-112, sec. 103 [a][2]) and the regulations (45 CFR 1351.45 [b][IV]) do not require

post-employment services to utilize similar benefits, yet the federal manual (1975, sec. 2015) stresses the importance of considering similar benefits for post-employment services. Because of this and other discrepancies between legislation, regulations, and the federal manual, this study group recommended that state administrators ask RSA to clarify these ambiguous issues. Another issue raised was whether similar benefit cooperative agreements threaten the growth of the vocational rehabilitation program. The problem identified was in making agreements with agencies that may have uncertain funding sources, thereby making the VR program dependent on programs that may lose their financial support.

Not only are there conflicting policies and regulations within the state rehabilitation agency, but also between the state rehabilitation agency and agencies providing similar benefits. Title XIX of the Social Security Act, as well as P.L. 94-142, Education for all Handicapped, require state agencies to obtain services from the state vocational rehabilitation agency before providing the service themselves. In this situation, it is necessary to work out a mutually advantageous cooperative agreement between the two agencies which insures that clients will be provided with a high level of service.

The study group indicated that because of the broad scope of services provided by the VR program, the rehabilitation agency should take the lead in initiating cooperative agreements between agencies. At the present time, legislative mandates for similar benefits provide enough leeway to allow state VR agency administrators to develop agreements between the VR agency and other agencies that would be advantageous to clients in the rehabilitation program.

Management and Supervision. The management and supervision study group discussed the need for VR managers and supervisors to encourage the use of similar benefits. Managers and supervisors communicate agency priorities and can provide leadership to rehabilitation counselors to increase understanding and appreciation of the significance of similar benefit utilization. Thus, administrative personnel need to develop clear policies, procedures, and training methods to minimize staff confusion in identifying and using similar benefits. Supervisors need to make their counselors aware of the purpose of similar benefits and that they, the rehabilitation counselors, will be held accountable for the amount of similar benefit utilization. One incentive suggested for increasing rehabilitation counselor utilization of similar benefits is to make it part of the criteria by which counselor performance will be evaluated.

Training methods in the use of similar benefits recommended by this study group include information concerning major programs that are potentially available for similar benefit services. Specific information should include type of services offered, eligibility requirements, referral and application procedures, and a contact person. Managers and supervisors should also receive training for developing incentives for counselors using similar benefits, monitoring utilization of similar benefits, negotiating bargaining procedures for use in developing cooperative agreements, and determining the effects of similar benefits on service delivery.

In developing interagency cooperative agreements, provisions need to be included for continuous contact, communication, and information

exchange with the persons in the similar benefit agency. Financial and program reporting could reduce the duplication of paperwork if the VR and the other agency agree upon standardized forms for referral and information exchange.

Counselor and Client. The counselor-client study group dealt with issues that have a major impact upon the client or counselor when utilizing similar benefits. One of the main concerns is insuring that clients receive adequate and appropriate rehabilitation services without undue delay. Although counselors are required to consider similar benefits for services they plan to provide (this is documented in the IWRP), counselors are allowed to use VR funds if services provided by similar benefit resources would not enable the client to achieve the outcomes specified in the IWRP. Delays in a client's rehabilitation program because of waiting for a similar benefit resource may cause the client to become discouraged with the rehabilitation program (Ottmar and Corthell, pp. 65-66). Therefore, the counselor is given leeway to use VR funds for the service if the similar benefit would cause a delay in the program. Another problem concerned with the client and the use of similar benefits is the client's attitude towards being involved with other agencies. There may be negative connotations associated with some programs and additional bureaucratic problems to overcome. To alleviate this problem, recommendations were made to make the client as involved as possible with the need for similar benefits and how these benefits will help him/her achieve the rehabilitation goal. For example, the client and the counselor should meet with the staff of the agency providing the similar benefit service to discuss the relevance of the service to the rehabilitation plan. If

similar benefits are not utilized, the rationale for not utilizing them must be documented within the case record.

The study group indicated the role of the rehabilitation counselor in working with similar benefit resources should be one of cooperation. It was suggested that some rehabilitation counselors are afraid of losing control of the case to another program. Counselors need to understand that other agencies are capable of providing services that are just as adequate as VR services and perhaps even better. Sometimes, counselors trying to maintain control over a case will not release enough information to other agencies or will not provide the client with enough information about another service. The counselor needs to be flexible enough in order to effectively work with the different functions expected of a rehabilitation counselor. Counselors need to realize that use of similar benefits does not mean they are inadequate, but rather that similar benefits can enhance a counselor's ability to provide adequate and necessary services to clients.

The final issue discussed by the Institute on Rehabilitation Issues Study Group was documentation. The main responsibility for recording the use of similar benefits resides with the rehabilitation counselor. At this point, there is no uniform and complete national reporting system to record how extensive the utilization is of similar benefits. Currently, the use of similar benefits is documented in a quantitative manner on the R-300 case record form. The type of information documented is whether or not a service was provided with and/or without cost to the rehabilitation agency. The study group suggested the completed IWRP be the main source of documentation to record the

use of similar benefits. The IWRP would need to contain information concerning similar benefit services the client is eligible for and the specific services necessary for that client to be successfully rehabilitated. The IWRP, as used in many states, does not contain information about the services actually utilized unless an additional report is included describing the actual services provided. This increase in the amount of paperwork the counselor is required to complete might make counselors reluctant to utilize similar benefits. It was also suggested to use the cost estimate provided by the IWRP, instead of reporting the actual cost spent for a specific service.

Information available from the R-300 includes types of rehabilitation services provided and if they were provided with cost or without cost to the state VR agency. However, types of services are categorized into broad areas, making it difficult to use to report similar benefit utilization.

It was suggested that VR agencies develop their own management information systems to monitor and accurately document the extent of similar benefit utilization. This information could then be used in program and budget planning, and as a mechanism to provide feedback to Congress and state legislatures concerning the impact of similar benefits. If state VR agencies developed methods for accurately reporting similar benefits, these methods could be incorporated into a national similar benefits reporting system.

Similar Benefit Issues

The concept of similar benefits raises a variety of issues concerning development, utilization, and impact of these resources. The first part of this section will identify and briefly discuss these issues. The second part further elaborates and clarifies these issues. To facilitate discussion of the issues, the UM-RRI proposed a conceptual framework to view the concept of similar benefits within the structure of the state-federal rehabilitation program. This conceptual framework was developed in order to systematically organize issues that arise from similar benefit utilization.

The conceptual framework provides a basis to examine the relationship of a similar benefits program within the context of the state-federal rehabilitation program. The conceptual framework follows an input-process-outcome model, paralleling the Rehabilitation Services Administration subgoals of Recruitment and Selection, Restoration and Training, and Client Outcomes. The conceptual framework categories are: (a) Definition and Identification, (b) Process and Utilization, and (c) Impact and Evaluation. These three categories are examined in terms of VR program constituent audience impact areas. Audience impact areas include agency administrators, rehabilitation counselors, clients, and the community.

The last section describes procedures commonly used for evaluation of similar benefit usage. Following this is a discussion of issues related to assessing the impact similar benefit programs and policies have on the state agency, counselors, clients, program sponsors, and the community.

Definition and Identification

Definition and Identification is concerned with federal and state definitions of similar benefits and the identification of potential similar benefit resources. It parallels the RSA subgoal of Recruitment and Selection, as both are concerned with identifying the eligible population.

State Agency Issues. The rehabilitation agency's major concern with similar benefits, in terms of Definition and Identification, is to establish policies and procedures for the identification, development, and implementation of the similar benefits program within the agency. The state agency is responsible for the identification of similar benefit resources and the establishment of cooperative agreements with these agencies.

Another issue is the nature of a similar benefit. In some instances, a similar benefit is an actual service. Such a service or program would be comparable to the counterpart rehabilitation service. An example might be a veteran's approved training program vs. a non-approved program. In other cases, the similar benefit is the use of another agency's funds to pay for a rehabilitation service. A BEOG grant to pay for the same training program the rehabilitation program would pay for is an example. It is important to keep in mind the distinction between these types of similar benefits. Issues of control, flexibility, and quality of services may vary depending on the type of similar benefit being used.

Rehabilitation Counselor Issues. Issues relating to Definition and Identification of similar benefits for rehabilitation counselors deal with implementing the state agency's similar benefit philosophy and

and policies. At the client level, the rehabilitation counselor puts the state agency's policies into practice. Rehabilitation counselors play a major role in developing effective working relationships with personnel from similar benefit resources, including those resources with which the state agency has established formal cooperative agreements.

Rehabilitation counselors have a major responsibility for identifying appropriate similar benefit resources for their clients. Thus, the time a counselor spends identifying and pursing similar benefits vs. providing counseling to clients becomes an issue. The identification and development of new similar benefit agencies and changing eligibility requirements and regulations for existing similar benefit resources require a considerable amount of time.

Client Issues. Client issues are concerned with the ability of the similar benefit program to meet the service needs of rehabilitation clients without unnecessary delays in providing such services. Providing quality services to the client can be an issue when using similar benefits. This also relates to the effectiveness and appropriateness of the similar benefit services the client is eligible to receive.

A factor the rehabilitation counselor may need to consider is how the client views the similar benefit source. Some social agencies or programs may be viewed as stigmatizing and a threat to the client's self image. The client may refuse to receive the service because he/she does not want to be known as a client of that particular agency.

Community Issues. Community issues are related to public policies and legislation passed by federal and state legislative bodies. A

major concern is the distribution of federal and state funds to different agencies. The rehabilitation agency may need to identify agencies to utilize as similar benefit agencies because of lower funding in the rehabilitation program or funding changes in currently used similar benefit agencies. Another issue is the amount of knowledge and understanding potential similar benefit agencies have about the rehabilitation program, its goals, and philosophy.

Process and Utilization

Process and Utilization, as previously defined, is concerned with (a) methods and procedures to implement the similar benefit program within the state rehabilitation agency, and (b) evaluating the usefulness of these procedures. Process and utilization is related to the RSA subgoal of Restoration and Training, as both are concerned with the procedures required to achieve client and program goals.

State Agency Issues. Process and utilization issues for the state agency concern procedures to process clients receiving rehabilitation services through similar benefit resources. These deal with the necessity for the rehabilitation agency to develop policies and procedures to identify and match rehabilitation clients with similar benefit services. Methods at this level relate to monitoring the amount and quality of similar benefits being utilized in order to determine the impact of similar benefits.

Rehabilitation Counselor Issues. Counselor issues include (a) procedures to utilize similar benefits and (b) the effects similar benefits have on caseload management. Issues in this area consist of concerns about demands on the counselor's time, particularly the time necessary to assist clients in applying for service, staying abreast

of changes in similar benefit resources, and administrative procedures to monitor clients receiving services from similar benefit resources.

Client Issues. Process and Utilization issues concerning clients pertain to the attitude and willingness of clients to utilize similar benefit resources. The client's attitude towards being involved with other agencies may be affected by negative connotations associated with some similar benefit programs and bureaucratic problems in applying for services. Another important issue is the timeliness and adequacy of services provided to rehabilitation clients in response to the client's rehabilitation needs and the IWRP. These are affected by state agency policies and the rehabilitation counselor's ability to implement and utilize the state agency's program of similar benefits.

Community Issues. Community issues involves the degree of cooperation and effectiveness between the rehabilitation agency and similar benefit agencies. Information available to similar benefit agency personnel facilitates understanding rehabilitation clients' needs. The level of community involvement depends on the willingness and effectiveness of both the rehabilitation agency and other agencies to further the client's rehabilitation program and goals.

Impact and Evaluation

The area of Impact and Evaluation concerns the impact the similar benefits program has upon the state rehabilitation agency. This corresponds to RSA's subgoal of Client Outcomes. Both are concerned with determining the effectiveness of the state agency's policies and procedures in achieving client and program goals.

State Agency Issues. State agency issues are concerned with

similar benefits utilization within the state agency. Issues determining the impact of similar benefits include: (a) the amount of agency money saved, (b) the increase in the number of clients served, (c) documentation of the impact of similar benefits on clients and the agency, and (d) determining overall documentation methods that are effective for evaluating the similar benefits program.

Rehabilitation Counselor Issues. Impact and Evaluation issues for rehabilitation counselors deal with the ability of counselors to provide appropriate rehabilitation services as a result of using similar benefits. Methods of documenting the impact and utilization of similar benefits greatly affects counselors' case management procedures, particularly the amount of paperwork necessary for documenting state rehabilitation agency dollars saved. A concern is whether the use of similar benefits enables rehabilitation counselors to serve more clients. Another issue is whether or not the money the agency saves through similar benefit utilization compensates for the amount of staff time used to procure these resources.

The quality of similar benefit services is an issue. Questions raised are the same as when the state agency pays for the service, such as measuring how effective the service was, and whether the service was comparable to the counterpart rehabilitation service.

Client Issues. The impact of similar benefits for clients is determined by the effect similar benefit utilization has in enabling clients to achieve their rehabilitation goals. As such, the rehabilitation agency needs to evaluate the effect similar benefit utilization has on the number of successful closures achieved. A program of similar

benefits would not be effective if it resulted in a lower number of successfully rehabilitated clients.

A question arises regarding who should be served using similar benefit resources. Given the priorities in the state-federal rehabilitation program, can a decision be made that if non-severely disabled clients are accepted for service, that service would be provided only if similar benefit resources were available? This would leave basic case service dollars for severely disabled clients. Such a policy would not preclude the use of similar benefits for severely disabled clients.

Community Issues. Impact and evaluation of similar benefits in the community is concerned with the effect similar benefit utilization has on similar benefit agencies, the local community, and other funding sources. Depending on the methods and procedures used to implement and conduct the similar benefits program, positive or negative reactions may develop towards the state rehabilitation agency. The more successful the rehabilitation agency is with the similar benefits program, the more likely cooperative efforts will continue and make the similar benefits program even more effective. With diminishing resources and inflation, the rehabilitation program needs to creatively use similar benefits in order to maintain the present level of service to clients.

Evaluation and Impact of Similar Benefits

Evaluation of Similar Benefits

A variety of procedures are employed for evaluating similar benefit utilization. These procedures include: (a) the Individualized Written Rehabilitation Plan (IWRP), (b) case records, (c) authorization forms used for rehabilitation expenditures above specified amounts, and (d) discussions between supervisors and counselors concerning utilization

and related aspects of similar benefits. Unfortunately, these procedures are not always consistent within the agency, making it difficult to evaluate the effectiveness of similar benefit usage. Another problem with evaluation of utilization is that many services provided to clients are, in fact, similar benefits but not documented as such.

At the national level, the R-300 client information record only requires general information on similar benefit usage. More specific information about similar benefit services provided to clients, as well as a standardized procedure to document the amount of rehabilitation funds saved would facilitate an understanding of the degree to which similar benefits are used. If similar benefit evaluation procedures are clearly specified and coordinated at a national level, this would insure the availability of reliable data to evaluate the effects of similar benefits in the rehabilitation program.

Evaluation procedures are necessary to determine if there are hidden costs in similar benefit utilization. For example, possible hidden costs of a non-monetary nature include excessive demand of the counselor's time, delays in service delivery and the quality of similar benefit services.

Counselors' Time. A survey of Virginia DRS personnel conducted by the UM-RRI in the spring of 1980 revealed that similar benefits, from the counselor's perspective, demand a considerable amount of time. More counselor time is often required to arrange for services from other agencies or using other sources' funds than is required if the service is provided using rehabilitation funds. To utilize similar benefits, a rehabilitation counselor needs to obtain information concerning other

agencies; their programs or services, eligibility requirements, and application procedures. In addition, the rehabilitation counselor must match the client to the appropriate similar benefit agency and must make arrangements for that service or funds to be provided. Additional time is necessary if the rehabilitation counselor has to assist the client in filling out forms during the application process. Thus, rehabilitation personnel frequently mention that the amount of time spent pursuing a similar benefit resource does not always seem to justify the money saved.

Time Lag in Services. Services should be provided to clients at the time they are needed during the rehabilitation process in order to have the greatest impact on the client's rehabilitation. Delays caused by utilizing similar benefit resources can cause clients to lose interest in the rehabilitation program, thus lowering the chances for a successful rehabilitation. Many clients cannot afford the time for a long rehabilitation program, especially if their program is delayed waiting for similar benefit funding or services. To remedy this situation, a number of states allow the rehabilitation counselor to provide services from VR funds that normally would be paid for by another agency, if a delay would occur otherwise. Once approval for the use of similar benefit funding has been obtained, the agency can be reimbursed.

Quality of Similar Benefits. An issue related to service quality is whether the services available through a similar benefit resource are different than those usually available through the rehabilitation agency. Questions raised concerning the quality of services include how to measure the effectiveness of the service, and

whether the service is comparable to the counterpart rehabilitation service. However, such issues as measuring client outcomes and the quality of service have not been completely resolved in the basic rehabilitation program.

Impact of Similar Benefits on the State Agency

An important concern is the impact similar benefit utilization has on the state agency. Specific issues determining the impact of similar benefits include: (a) the amount of agency money saved, (b) the increase in the number of clients served, (c) methods for documenting similar benefit impact, and (d) possible effects of successful similar benefit utilization.

Amount of Money Saved. State agency personnel need to identify ways to accurately report the costs of similar benefits. Since it is conceivable that counselors may either over or under estimate what a particular service actually costs a similar benefit agency and saves the rehabilitation agency, it is important that precise measures of cost be developed. Should estimates of cost savings be based on what the similar benefit agency paid for the service, or what the rehabilitation agency would have paid? A major question that needs to be answered is whether or not the amount of time a rehabilitation counselor spends pursuing a similar benefit resource is justified in terms of the amount of money saved. How can the costs of counselor time be incorporated into the savings equation?

Increase in Number of Clients Served. It is important for rehabilitation administrators and supervisors to have precise methods for documenting whether the agency actually serves a greater number of

clients as a result of an active similar benefits program. These data can assist in evaluating how the use of similar benefits increases the efficiency of the rehabilitation agency. From another perspective, the state rehabilitation agency needs procedures to determine if agency funds saved through similar benefit utilization are actually used to serve additional clients. Rehabilitation agencies need to clarify whether utilizing similar benefit resources enables the state rehabilitation program to serve more clients or just to maintain the same level of clients. With constant or reduced levels of federal rehabilitation funds and the effects of inflation, the use of similar benefits may only enable the agency to provide services to approximately the same number of clients previously served. Without accurate methods to determine the amount of agency funds saved through similar benefit utilization, the rehabilitation agency will have difficulty determining the number of additional clients served by the VR program.

Documentation of Similar Benefit Impact. Similar benefit usage and effectiveness can be monitored by (a) the Individualized Written Rehabilitation Plan (IWRP), (b) case records, (c) authorization forms used for rehabilitation expenditures above specified amounts, and (d) written and verbal communication between supervisors and counselors. Many times, however, monitoring procedures to determine the utilization of similar benefits are not always consistent. This presents difficulties evaluating similar benefit usage. This lack of consistency makes it difficult to compare similar benefit utilization within and between states. Different methods and procedures used to obtain similar benefit data make comparisons between states difficult.

Possible Effects of Successful Similar Benefit Utilization. A fear expressed is that the rehabilitation agency will lose its identity if similar benefit utilization is too successful. The rehabilitation agency may become too dependent on funds and services of other agencies. These resources may be less stable than rehabilitation monies and may eventually disappear or be terminated. However, funds currently available to rehabilitation agencies are also vulnerable to budgetary cutbacks. Under these circumstances, the use of similar benefits provides alternative funding and service resources which can be made available to rehabilitation clients.

Impact of Similar Benefits on Rehabilitation Counselors

Rehabilitation counselor issues pertaining to impact deal with the ability of counselors to improve service delivery as a result of using similar benefits. Methods of documenting the impact and utilization of similar benefits can influence case management procedures, the amount of clerical and administrative work necessary for documenting similar benefit utilization, and the amount of state rehabilitation agency dollars saved. Of concern to rehabilitation counselors is the impact of similar benefits on caseload size. A related issue is whether the funds saved through similar benefit utilization compensates for the staff time used to procure these resources.

Effects of Similar Benefit Utilization on Caseload Management. Similar benefit utilization affects caseload management. Additional counselor time is required to arrange for services or funds from other agencies than is required if rehabilitation funds are used. To utilize similar benefits, a rehabilitation counselor must often take the time

to obtain information concerning other agencies, their programs and services, eligibility requirements, and application procedures. This is especially true if these conditions change or if personnel turnover occurs. The rehabilitation counselor needs to match the client to the appropriate similar benefit agency and must make arrangements for services or funds to be provided. Another time-consuming factor can be obtaining feedback concerning the client's progress. Possible feedback mechanisms include reports written by the similar benefit agency, periodic phone calls or site visits reporting on the client's progress, and meetings between the client, the rehabilitation counselor, and personnel from the similar benefit agency. Feedback allows the rehabilitation counselor to make decisions concerning the adequacy and effectiveness of the service received by the client, the client's attitude toward the service, and the benefits received by the client from the service. Rehabilitation counselors will not be effective in coordinating the client's rehabilitation program if they are unaware of the client's progress.

Documentation of similar benefit utilization demands counselor time. It is important that administrative and supervisory personnel be sensitive to the demands additional paperwork requirements make on the counselor. Where possible, existing forms and documents should be revised before developing new reporting mechanisms.

Counselor's Role in Similar Benefit Utilization. The rehabilitation counselor's role in similar benefit utilization should be one of cooperation. Counselors need to recognize that other agencies are capable of providing services that can be just as adequate as VR

services and perhaps even better. Sometimes counselors will not release enough information to other agencies or will not provide the client with enough information about another service because the rehabilitation counselor is trying to maintain control over the case.

Another role for counselors is to keep abreast of potential similar benefit resources, services, and eligibility requirements. This is necessary because new programs often become available, and even in existing programs eligibility requirements, application procedures, and services change.

Usefulness of Specialty Staff. Similar benefit specialists are useful in (a) identifying and obtaining information concerning similar benefits, and (b) assisting with the administrative procedures involved in obtaining such services for clients. The similar benefit specialist could be responsible for assisting the counselor in identifying and arranging similar benefit resources for clients. The specialist would also assist the counselor by helping the client through the application process. Follow-up and case record documentation on the client's progress could also be done by the similar benefit specialist.

Impact of Similar Benefits on Clients

The impact of similar benefits on clients is determined by the effect similar benefit utilization has in enabling clients to achieve their rehabilitation goals. The rehabilitation agency's major responsibility is to assist clients in achieving their rehabilitation goals. As such, the rehabilitation agency needs to evaluate the effect similar benefit utilization has on the number of successful closures achieved. Obviously, similar benefit utilization would not be effective if it

resulted in a lower percentage of successfully rehabilitated clients.

Quality of Similar Benefit Services. An issue related to service quality is whether the services available through a similar benefit resource are different than those services usually available through the rehabilitation agency. This can occur when a rehabilitation agency client fulfills certain eligibility requirements that entitle him/her to services outside the rehabilitation agency that are not usually available to every rehabilitation client. A related issue is the degree to which the rehabilitation program is able to control the quality of services available to clients through similar benefit agencies.

Because the rehabilitation counselor is responsible for documenting the outcomes of similar benefit utilization, it is imperative that they receive feedback from other agencies concerning the result of services provided to clients. This will facilitate effective coordination of services. Feedback allows the rehabilitation counselor to make decisions concerning the adequacy and effectiveness of the services received by the client, the client's attitude toward the service, and the amount of benefits received by the client from the service. Rehabilitation counselors will not be able to effectively coordinate the client's rehabilitation program if they are unaware of the client's progress.

Client Reactions and Feelings Toward Similar Benefit Services. A problem sometimes encountered with the client and the use of similar benefits is the client's attitude towards being involved with other agencies. There may be negative connotations associated with some programs and the additional bureaucratic obstacles to overcome. To alleviate this problem, it is recommended that the client be as involved

as possible with the need for similar benefits and how these resources will help him/her achieve the rehabilitation goals. For example, the client and the counselor could meet with the staff of the agency providing the similar benefit service to discuss the relevance of the service to the rehabilitation plan.

Effects of Similar Benefits on Clients' Rehabilitation Goals. One of the main concerns with similar benefit utilization is insuring that clients receive adequate and appropriate rehabilitation services. Although counselors are required to consider similar benefits for services they plan to provide, and to document this in the IWRP, counselors are allowed to use VR funds if similar benefit services would not enable the client to achieve the outcomes specified in the IWRP. Delays in a client's rehabilitation program because of waiting for a similar benefit resource may cause the client to become discouraged with the rehabilitation program.

Impact of Similar Benefits on the Community

The impact of similar benefits on the community is concerned with the effects similar benefit utilization has on similar benefit agencies, the local community, and other funding sources. Depending on the methods and procedures used to implement and conduct the similar benefits program, positive or negative reactions may develop towards the state rehabilitation agency. The more successful the rehabilitation agency is with the similar benefits program, the more likely the community, legislators, and other funding sources and similar benefit agencies will work with the rehabilitation agency to make the similar benefits program more effective. This is especially critical today, as accountability

has become a major concern. With diminishing resources and the impact of inflation, the rehabilitation program needs to be creative in using similar benefits just to maintain the present level of service to clients. How each dollar is spent is scrutinized much more thoroughly today than in the past.

First Dollar Conflict. The "first dollar" conflict refers to conflicting legislation between the state rehabilitation agency and other agencies or programs that are potential sources of similar benefits. The legislation for these agencies often stipulates that they seek out the services or funds of other agencies before using their own resources. An example of this problem is between the state rehabilitation agency and Title XIX of the Social Security Act (Medicaid). Title XIX states, "A state plan for medical assistance must provde for entering into cooperative arrangements with the state agencies responsible for administering and supervising the administration of health services and vocational rehabilitation services in the state looking toward maximum utilization of such services in the provision of medical assistance under the plan." The Rehabilitation Act, as interpreted in the Federal Register and through program regulations, stipulates to the rehabilitation agency, "Each state is urged to pursue aggressively cooperative arrangements which allow for the use of Title XIX money for medical services whenever necessary during the rehabilitation plan" (Program Regulation Guide, May 13, 1974). Thus, both agencies are required in their legislation to utilize the funds of the other agency first.

Besides Title XIX of the Social Security Act, P.L. 94-142, Education

for all Handicapped Children, requires state agencies to obtain services from the state vocational rehabilitation agency before providing the service themselves. In this situation, it is necessary to work out a mutually advantageous cooperative agreement between the two agencies that will insure that clients are provided with a high level of service.

Information Necessary for Effective Cooperative Agreements. Cooperative agreements between the state rehabilitation agency and similar benefit agencies can be either formal or informal. Formal agreements are written agreements or contracts specifying the nature and extent of cooperation between two agencies in providing services to mutual clients. It is important for the contract to include the purpose and goal of the contract, eligibility requirements and procedures, names of contact persons in each agency, the types of services that will be provided, the length of time the contract is effective, and provisions for contract revisions if these become necessary. It should also be stated clearly what the responsibilities are for each agency in providing and coordinating services to clients. To make formal cooperative agreements effective, it is necessary for close working relationships to exist between personnel at the state rehabilitation agency and similar benefit resources. In developing inter-agency cooperative agreements, provisions need to be included for continuous contact, communication, and information exchange. Duplication of paperwork in financial and program reporting could be reduced if the VR and the other agency agree upon standardized forms for referral and information exchange.

Responsibilities of Administrators and Counselors in Cooperative Agreements. Administrators need to establish clear guidelines that are beneficial to the clients of both the rehabilitation and similar benefit

agencies. This will help foster cooperative relationships between service agencies so that clients of all agencies receive appropriate and needed services on a timely basis. Informal agreements and relationships help facilitate the delivery of services to clients by providing avenues of communication to the similar benefit agency through which the rehabilitation counselor is able to obtain necessary information on eligibility requirements, appropriateness of service, as well as the client's progress in the similar benefit program. Positive relationships between agencies help foster cooperation and trust, thus benefiting the client. Informal agreements are often based on personal communication and cooperation. If is often said that formal written cooperative agreements are not worth the paper they are written on because of the lack of personal communication and input between staff of the VR and similar benefit agencies. Informal agreements and relationships between agency counselors are to be encouraged.

Feedback Concerning Similar Benefit Outcome. Feedback mechanisms should be specified to assure the referral counselor is provided with adequate information concerning the client's progress. Feedback mechanisms can include a final report written after the client receives the service, periodic phone calls or site visits reporting on the client's progress, and/or a final meeting between the client, the rehabilitation counselor, and personnel from the similar benefit agency who administered the service.

Summary

The first section of this Volume presented an overview of the legislative history and development of the similar benefits program in the state-federal rehabilitation program. The legislative history of similar benefits parallels the development of the state-federal rehabilitation program.

The second section reviewed literature relevant to the similar benefits program in rehabilitation. The literature review indicated a predominant concern with identification of similar benefits, eligibility determination procedures, and methods to document the impact of similar benefit utilization on clients and the rehabilitation agency. Other issues presented were conflicting legislation between different agencies resulting in the "first dollar" conflict, timeliness and adequacy of similar benefit services, and the effects of similar benefit utilization on the state agency, rehabilitation counselors, and clients.

The third section of this Volume focused on a discussion of similar benefit issues and the evaluation of the impacts similar benefits have on the VR program. Many issues are still unresolved. In addition, problems remain in terms of documenting the impact of similar benefits. The remaining Volumes address the issues raised.

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